

1st Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	20	10/23/93
EXAMINER	340	10-26-93
TYPIST	18	10-06
VERIFIER	342	10-27
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1 ✓	7
2 ✓	14
3 ✓	44
4 ✓	
5 ✓	
6 ✓	
7 ✓	
8 ✓	
9 ✓	
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	
Original	
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